

Chestnut Centre
410 West Chestnut Street, Suite 628
Louisville, KY 40202-2324
Phone: 502 574-6869
Fax: 502 581-9832
www.rjlouisville.org

Referral Form

Please send all referrals to Libby Mills c/o Restorative Justice Louisville

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Date of Request:4-6-2011 Referring Agency:Jefferson County Juvenile Person Referring Phone Number Please include any of the applicable items: citation, victim sta	
Victim Information (use additional forms for multiple victims)	
Male Female If under age eighteen (18), parent/guardian na	Date of Birth me and address: there is no identified victim in this case. The considered to serve as the response to the offending behavior.
Name:Cameron M. Allen	
Home Number: Cell Number: Email Address: Male Female Date of Birth: 7/12/1996 If under age eighteen (18), parent/guardian name and address: Gail Allen, grandmother; same address as above She does not have transportation or funds for public transportation. Consideration should be given to scheduling meetings close to her home.	
Date of Offense: _3/14/2011	